

**DOD MEDICAL EXAMINATION REVIEW BOARD (DODMERB)
PULMONARY FUNCTION STUDIES**

*Form Approved
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PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397.

PRINCIPAL PURPOSE: To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corps (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

ROUTINE USES: This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applications to their Academies.

DISCLOSURE: Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1. NAME OF APPLICANT <i>(Last, First, Middle Initial)</i>	2. SSN OF APPLICANT	3. DATE OF EXAMINATION
4. PRIOR TO EXERCISING, PROVIDE THE RESULTS OF A BLOOD AMINOPHYLLINE/THEOPHYLLINE LEVEL. MANDATORY TEST EVEN IF APPLICANT INDICATES NO USE OF ORAL BRONCHODILATORS.	5. SPECIFIC REFERENCE TO THE STANDARD USED FOR NORMAL	

6. VIGOROUS EXERCISE TO CONSIST OF 8 TO 10 MINUTES OF RUNNING. THIS EXERCISE MAY BE ACCOMPLISHED ON A TREADMILL. PERFORM THE FUNCTION TEST IMMEDIATELY UPON CESSATION OF THE EXERCISE. STATE DURATION OF EXERCISE: _____ <i>NOTE: Administer the bronchodilator 4 minutes after exercise and perform the function test one minute thereafter.</i>	
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TEST RESULTS

	BEFORE EXERCISE		AFTER EXERCISE		AFTER BRONCHODILATOR	
	NORMAL	% PREDICTED	NORMAL	% PREDICTED	NORMAL	% PREDICTED
7. TOTAL VITAL CAPACITY						
8. FEV - 1.0						
9. MEFR 25 - 75%						
10. WAS WHEEZING PRESENT	BEFORE EXERCISE	YES NO	AFTER EXERCISE	YES NO	AFTER BRONCHODILATOR	YES NO

11. IS THE PATIENT TAKING ANY MEDICATIONS? <i>(X one)</i>
<input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Specify medications and usage)</i>

12. EXAMINER		
TYPED OR PRINTED NAME <i>(Last, First, Middle Initial)</i>	TITLE	SIGNATURE